



FEDERAL RESOURCES AND SUPPORT TO ADVANCE TELEHEALTH FOR TRIBAL COMMUNITIES

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HRSA Telehealth Funding and Resources

National Tribal Broadband Summit

September 24, 2019 | 2:30-3:30pm

John Muir Room

Matt Quinn
Senior Advisor for Health Technology
Health Resources and Services Administration

Vision: Healthy Communities, Healthy People



HRSA PROGRAMS

HRSA programs provide health care to people who are geographically isolated, economically, or medically vulnerable. This includes people living with HIV/AIDS, pregnant women, mothers, and their families, and those otherwise unable to access high quality health care. HRSA also supports access to health care in rural areas, the training of health professionals, the distribution of providers to areas where they are needed most, and improvements in health care delivery.

In addition, HRSA oversees organ, bone marrow, and cord blood donation. It compensates individuals harmed by vaccination, and maintains databases that flag providers with a record of health care malpractice, waste, fraud, and abuse for federal, state, and local use.

Nearly 90% of HRSA's budget is awarded through grants and cooperative agreements to approximately 3,000 awardees, including community-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities.

BUREAUS & OFFICE

HRSA's management and oversight of programs is organized through the following bureaus and office:



[Bureau of Health Workforce](#)



[HIV/AIDS Bureau](#)



[Healthcare Systems Bureau](#)



[Federal Office of Rural Health Policy](#)



[Bureau of Primary Health Care](#)



[Maternal and Child Health Bureau](#)

HRSA Programs

PRIMARY HEALTH CARE

MORE THAN 27 MILLION PEOPLE
- 1 IN 12 NATIONWIDE -
 rely on a HRSA-supported health center for affordable, accessible primary health care, including:



1 IN 9 CHILDREN
 (17 years or younger) nationwide



1 IN 3 PEOPLE
 living in poverty nationwide



1 IN 5 PEOPLE
 living in rural communities



MORE THAN 355,000
 veterans

HIV/AIDS



IN FY2017:
APPROXIMATELY 535,000
 people received at least one Ryan White HIV/AIDS Program-funded service

86% of Ryan White HIV/AIDS Program clients receiving HIV medical care were virally suppressed

MATERNAL & CHILD HEALTH

IN FY2017:
156,000 PARENTS & CHILDREN
 received Home Visiting services



of all urban counties



of all rural counties

The MCH Block Grants funded **59 STATES AND JURISDICTIONS** to provide health care and public health services for an estimated **84 MILLION PEOPLE** (including pregnant women, infants, children, and children with special needs.) **MORE THAN:**



86%
 of all pregnant women



99%
 of infants



55%
 of children

NATIONWIDE BENEFIT FROM A TITLE V SERVICE

HEALTH WORKFORCE



12,500 CLINICIANS

from the National Health Service Corps & Nurse Corps provide primary care—medical, dental, or mental health.

AN ESTIMATED 13 MILLION SERVED
IN HIGH NEED AREAS

POISON HELP



Poison control center (PCC) consultations with Medicare beneficiaries resulted in a **REDUCTION OF MORE THAN 15,000 HOSPITAL DAYS** and **COST SAVINGS OF \$16 MILLION ANNUALLY**

TRANSPLANTATION

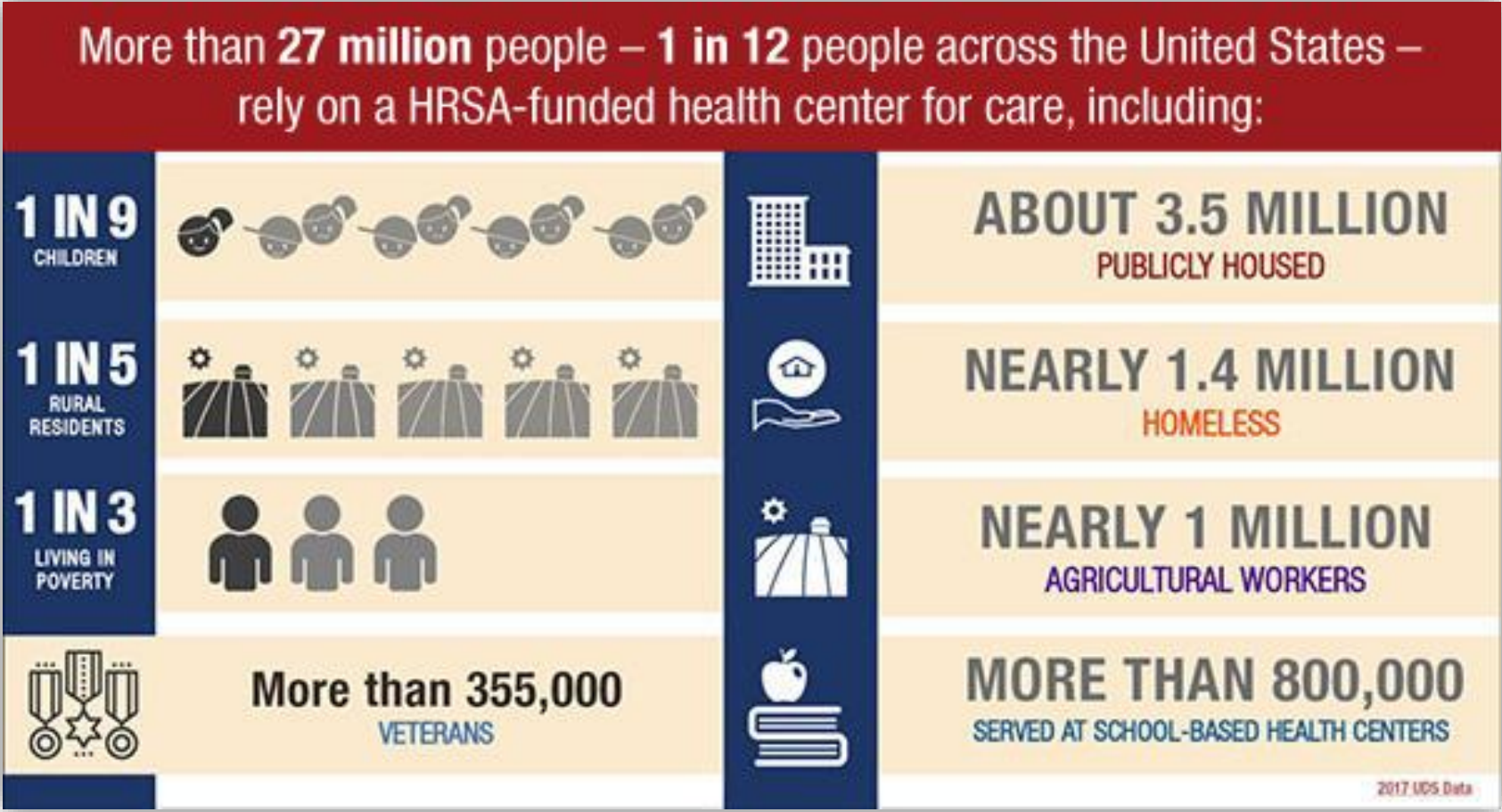


MORE THAN 145 MILLION PEOPLE
 are registered to be organ donors—an all-time high



MORE THAN 19 MILLION PEOPLE
 are registered blood stem cell donors

HRSA Health Center Program



Source: Uniform Data System, 2017



Telehealth Defined

- Telehealth is defined as the use of electronic information and telecommunication technologies to support long-distance clinical health care, patient and professional health-related education, public health, and health administration. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.
 - <https://www.hrsa.gov/rural-health/telehealth/index.html>

Synchronous “Live Video”

Asynchronous “Store and Forward”

“Clinician to
Patient at Health
Facility”



“Clinician to
Patient at Non-
Health Facility



“Clinician to
Clinician”



Benefits of Telehealth

✓ Access expansion

- Delivers the right care at the right time
- Bridges gaps in healthcare coverage
- Mitigates barriers of distance & geography

✓ Cost savings, by reducing:

- Duplication of diagnostic tests
- Unnecessary ambulance and air transports
- ER visits and hospital readmissions
- Potentially, long term care

✓ Quality

- Care coordination
- Patient education & engagement
- Integrate into the patient experience

History and Leadership

- For the last 30 years HRSA has been a leader in the field of telehealth
- HRSA is home to the Office for the Advancement of Telehealth
- OAT provides funding for direct services, research and technical assistance in the field of telehealth



Current Telehealth Activities in HRSA



- **Currently over 1,300 HRSA awards include a telehealth component**
- **50 states and 8 federal districts/territories have awards**
- **Telehealth activities include supporting distance learning, workforce, telehealth delivery, infrastructure, and research**

Opioid Epidemic

- **Grantee activities combating the opioid abuse epidemic include**
 - 408 Health Centers received AIMS funding to increase access to mental health and substance abuse using telehealth
 - Substance Abuse Treatment pilot program using telehealth networks to increase access to services in rural and underserved communities

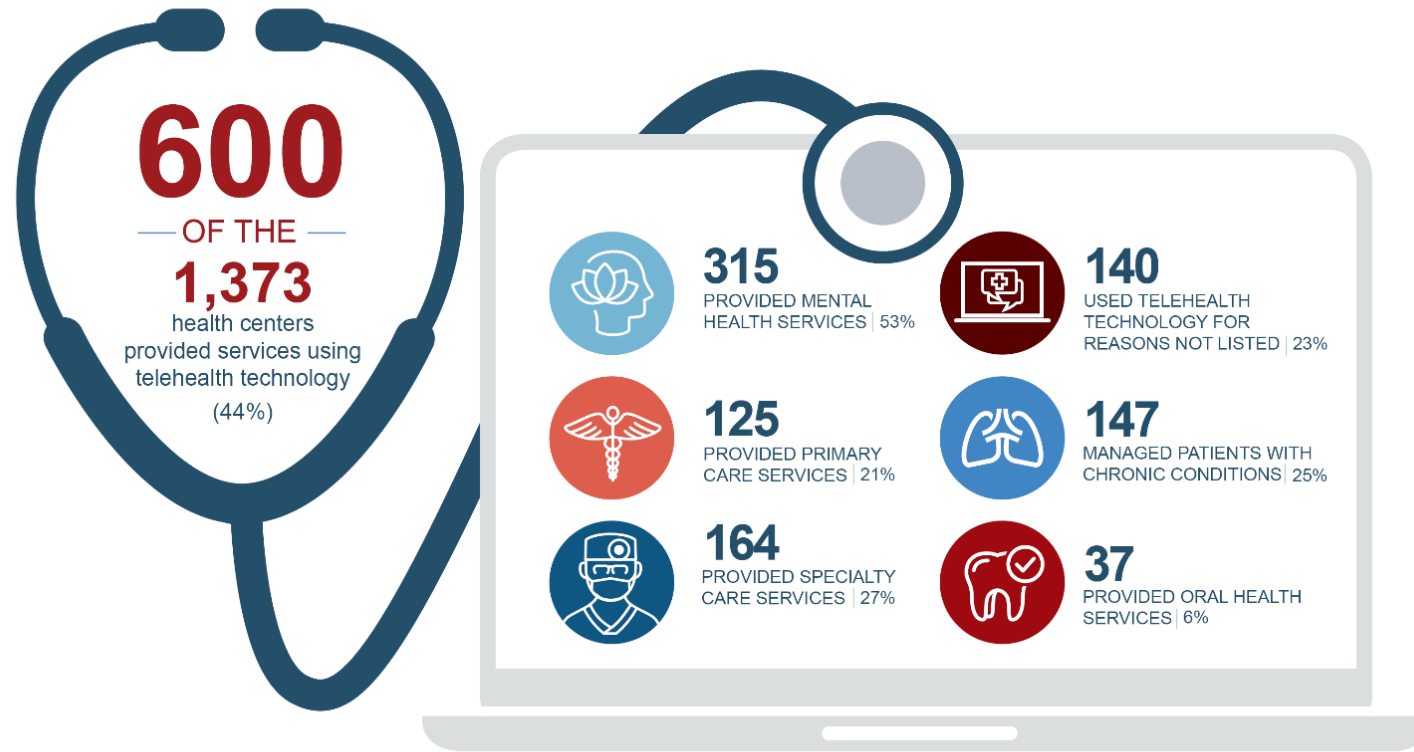


Distance Learning

- **129 awards are using telehealth to provide distance learning**
- **Grantees use distance learning, including Project ECHO,[©] to improve health care for HRSA's vulnerable populations**



Health Center Telehealth Services



2017 UDS data

Source: Uniform Data System, 2017

By Ching-Ching Claire Lin, Anne Dievler, Carolyn Robbins, Alek Sripipatana, Matt Quinn, and Suma Nair

Telehealth In Health Centers: Key Adoption Factors, Barriers, And Opportunities

DOI: 10.1377/hlthaff.2018.05125
HEALTH AFFAIRS 37,
NO. 12 (2018): 1967–1974
©2018 Project HOPE—
The People-to-People Health
Foundation, Inc.

Disclaimer:

The views expressed in this article are those of the authors and do not necessarily reflect the official policies of the U.S. Department of Health and Human Services or the Health Resources and Services Administration.

Telehealth Use

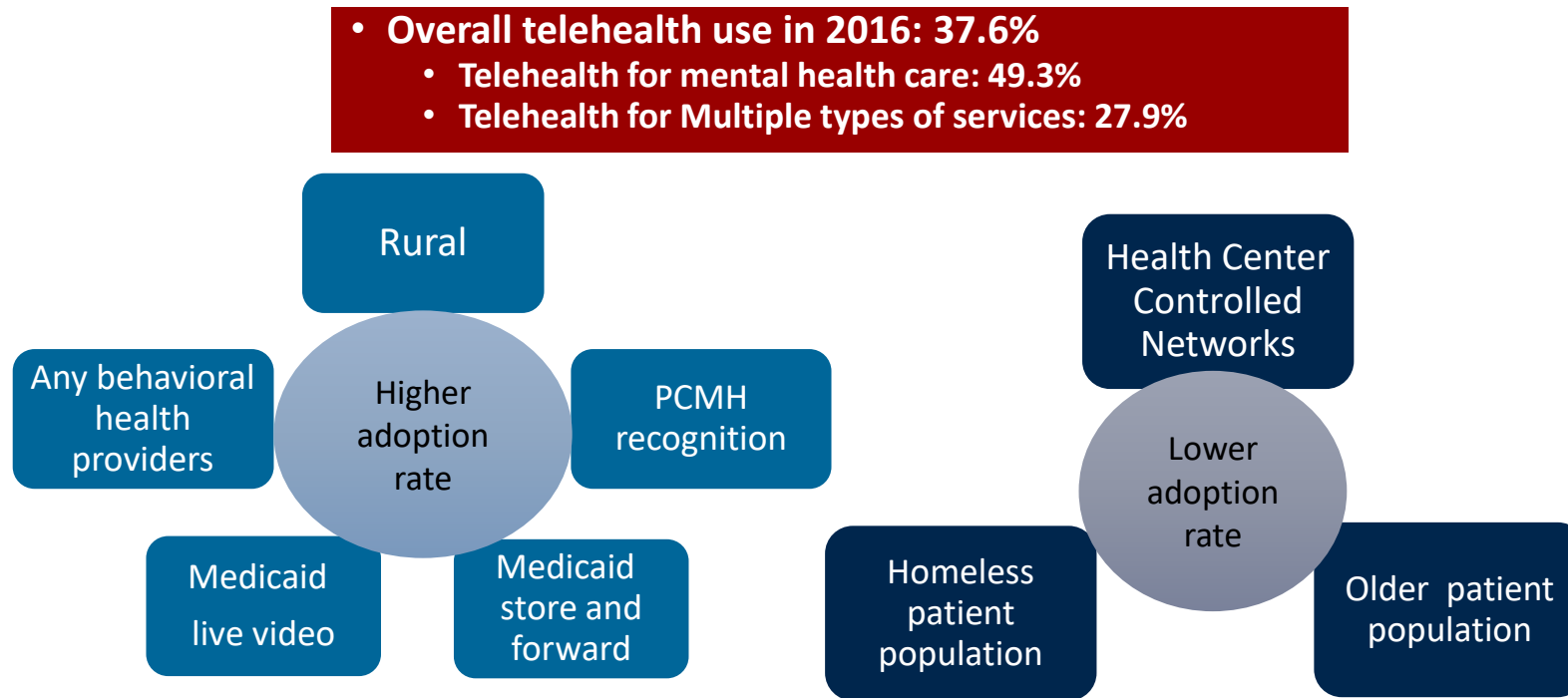
TELEHEALTH USE

Any use	37.6
Used for:	
Mental health care	49.3 ^e
Specialty care	23.5 ^e
Primary care	24.9 ^e
Managing patients with chronic conditions	21.2 ^e
Oral health care	4.0 ^e
Other services	22.0 ^e
More than one type of service	27.9 ^e

- Less than half using telehealth
- Most using telehealth for mental health
- Only 28% using telehealth for multiple services

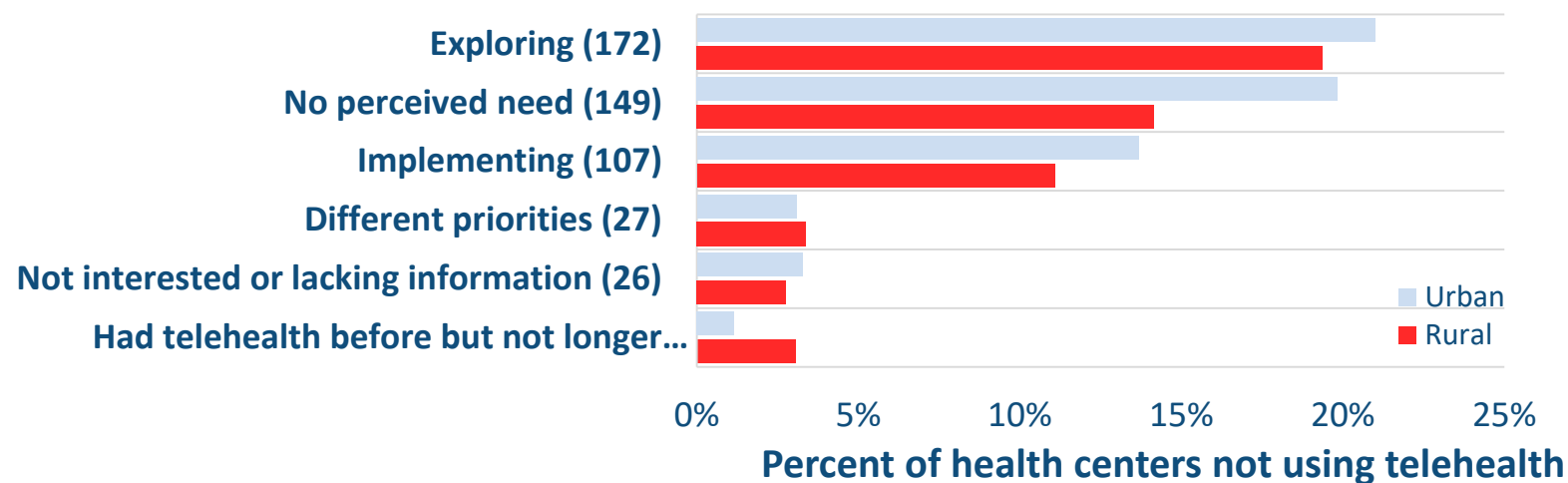
Source: Uniform Data System, 2016

Key Factors Associated with Telehealth Adoption



Source: Uniform Data System, 2016

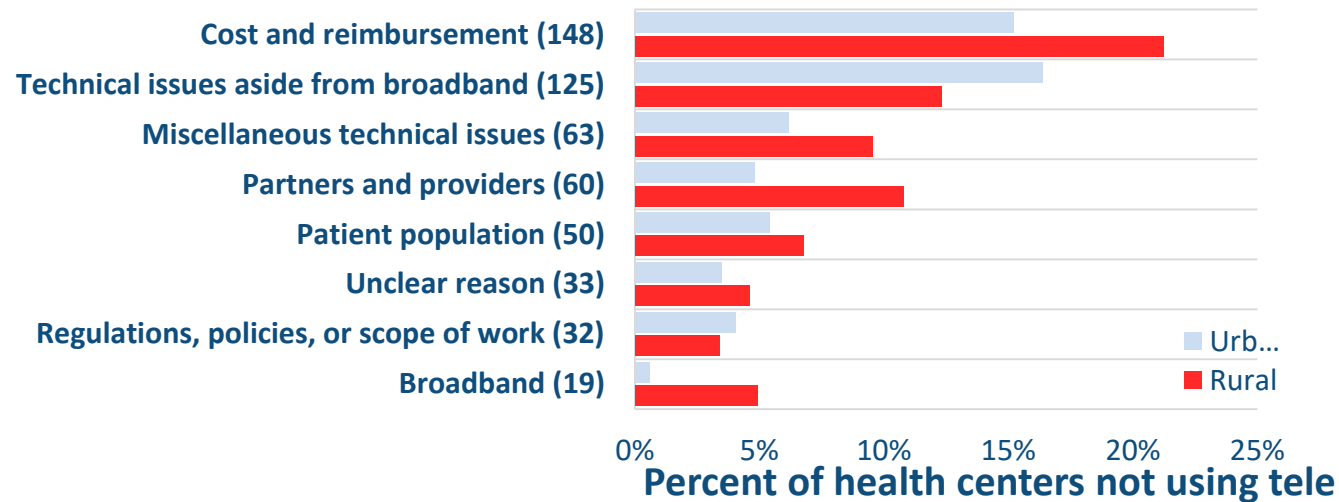
Orientation Toward Telehealth



149 health centers did not perceive need for telehealth

Source: Uniform Data System, 2016

Barriers Reported by Health Centers NOT using Telehealth



Cost, reimbursement, and technical issues are key barriers

Broadband is an issue for less than 5%

Source: Uniform Data System, 2016

Contact Information

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Office for the Advancement of Telehealth

National Tribal Broadband Summit

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John Muir Room

Natassja Manzanero, MS
Telehealth Program Coordinator, Office for the Advancement of Telehealth (OAT)
Federal Office of Rural Health Policy (FORHP)
Health Resources and Services Administration (HRSA)

Vision: Healthy Communities, Healthy People



The Federal Office of Rural Health Policy

Organizational Set-Up

Community Based Division

- Pilot Programs for Rural Communities
 - Expanding the Community Health Gateway
- Public Health Programs
 - Black Lung and Radiation Exposure

Policy Research Division

- Policy and Regulatory Analysis
- Research



**FY 2019:
The Rural Community Opioids
Response Program**

Hospital State Division

- Grants Focusing on Performance and Quality Improvement for Small Rural Hospitals
- State Offices of Rural Health

Office for the Advancement of Telehealth

- Telehealth Network Grants
- Telehealth Resource Centers
- Licensure and Portability

FORHP Budget 2019

FY 2019 Federal Office of Rural Health Policy Budget: \$317.8 million	
Rural Health Policy Development	\$9.4 million
Rural Health Outreach Programs	\$77.5 million
Rural Hospital Flexibility Grants	\$53.6 million
State Offices of Rural Health	\$10 million
Radiation Exposure & Screening	\$1.8 million
Black Lung Clinics	\$11 million
Telehealth	\$24.5 million
Rural Communities Opioids Response	\$120 million
Rural Residency Program	\$10 million



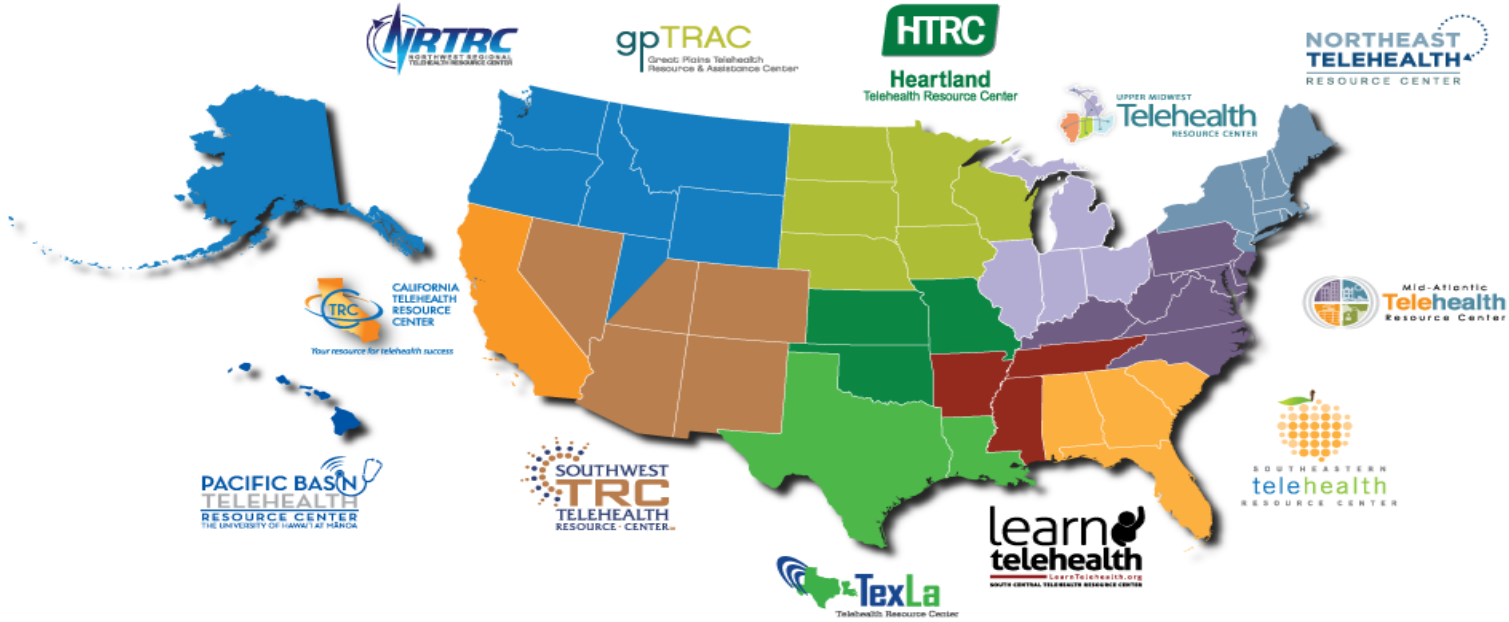
OAT Programs (FY2019) - \$24.5 M

Program	Awardees	Amount
Telehealth <u>Network Grant Program</u>	21	\$7.30 M
Evidence-Based Telebehavioral Health <u>Network Program</u>	14	\$4.60 M
Substance Abuse Treatment <u>Network Grant Program</u>	3	\$0.75 M
Rural Veterans Health <u>Access Program</u>	2	\$0.60 M
Telehealth Resource Centers	14	\$4.55 M
Licensure Portability Grant Program	2	\$0.50 M
Telehealth-Focused Rural Health Research Center	1	\$0.75 M
Telehealth Centers of Excellence	2	\$4.00 M
Other Programs and Administration		\$1.25M



HRSA Funded Telehealth Resource Centers

TelehealthResourceCenters.org






2 National Resource Centers

NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC

12 Regional Resource Centers

TRC's have a mission to serve as a focal point for advancing the effective use of telehealth and support access to telehealth services in rural and underserved communities.

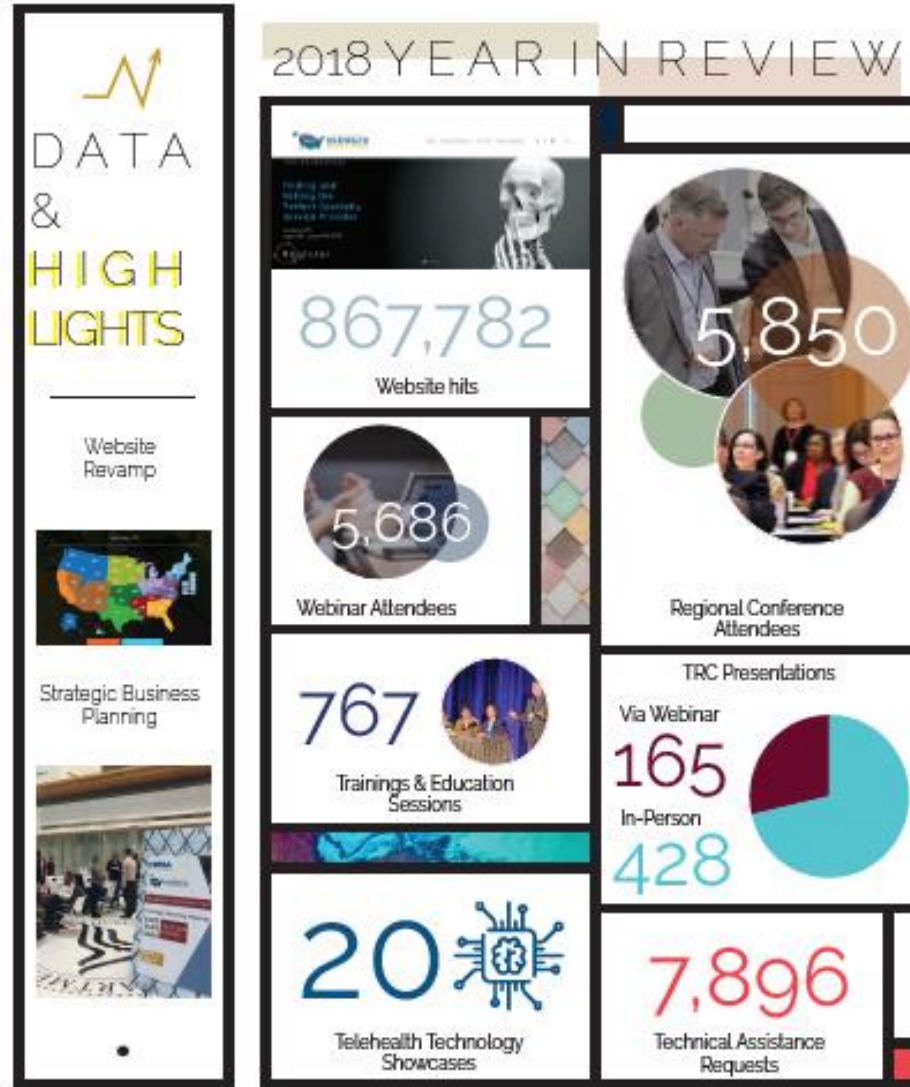


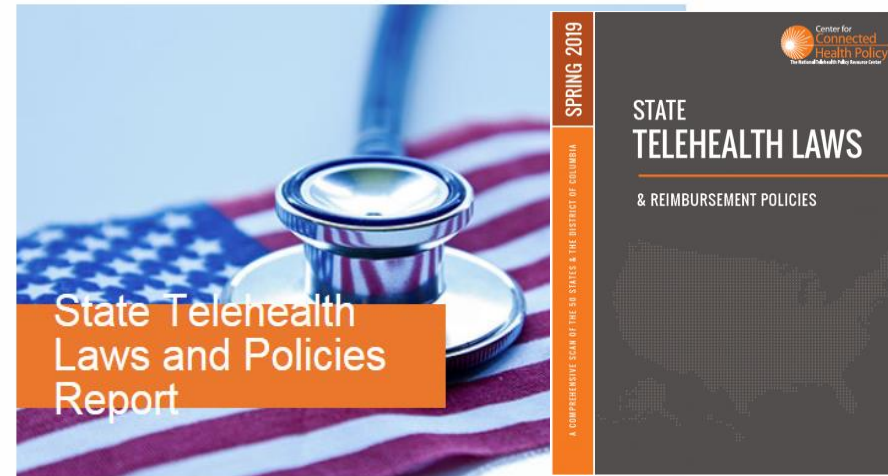
TRC Services

- Provide technical assistance, individual consultation, training, and support for healthcare providers and entities planning or providing telehealth services
- Disseminate information or research findings related to telehealth services
- Heavy online web presence – www.telehealthresourcecenters.org
- Monthly National Webinars
- Provide presentations at conferences for rural and underserved stakeholders
- Support effective collaboration among other TRCs
- Conduct evaluations to determine the best utilization of telehealth technologies
- Conduct organizational telehealth assessments
- Implement special projects and studies
- Select technologies, platforms, and purchasing options
- Assess available wireless and broadband strengths
- Understand telehealth regulations, reimbursement models, and parity laws in states



2018 TRC Year in Review







Telehealth

ANTHC's telehealth services allow health care professionals to work together in the Tribal health system to provide quality care and increased access for Alaska Native people across the state. ANTHC has been on the cutting edge of telehealth services since 2001. Through telehealth video conferencing and consultation, people can remain in their home communities while giving them access to the highest quality health care providers and specialists in regional or urban centers not usually available in rural areas. The Telehealth department also manages the ANMC Project ECHO, an educational and guided practice program designed to help empower rural clinicians.



SWTRC Services

- Full-Day Training Program
- Online Learning Modules
- Help Desk
- Technical Assistance
- Tools & Templates
- Program Development
- Business Models
- Evaluation
- Best Practices
- Clinical Operations
- Sustainability
- Equipment Recommendations
- Program Operations

- Home
- About Us
- People
- Resources
- Online Education
- Events
- Partners
- Links
- Help Desk
- Blog

Navajo

Telemedicine and Telehealth Overview (PDE)

Béesh lichíí'ii biyi'doo azee' aah ál'í dóó béesh lichíí'ii biyi'doo ats'íis bee aa' áhayá bil haz'á Nél'í. Dii baa ya'áti'ígíí éí niléi ná't'áá' baa náhane', dóó hoshdęę' dóó diiji béesh lichíí'ii biyi'doo bee azee' aah ál'í dóó béesh lichíí'ii biyi'doo ats'íis bee aa' áhayá bil haz'á choo'ínigíí.

Clinical Applications Overview

Na'alkid Dóó Naaltsos Bee Alch'í' Ya'áti'. Dii baa ya'áti'ígíí éí binahjí' éé hózindoo diné bil na'anish biniiyé dóó naaltsos bee alch'í' ya'áti' bá. Béesh lichíí'ii bee na'anishígíí éí kódoó binahjí' hane'ígíí t'áá ákqó béesh lichíí'ii bil oonish bil haz'ánigíí óolyé, béesh lichíí'ii t'áá bí nitsékeesígíí dóó béesh bee hane'í bita' ninit'í'ígíí, béesh lichíí'ii doo bida'diit'í'góó biyi'jí' dahane'ígíí, dóó naaná la'. Binahjí' al'áá át'éego dahane'ígíí éí kódaat'é (e.g., internet, satellite, wireless) dóó bee yá'á'daat'éhígíí áádóó doo béé yá'adaat'éhígíí éí kwe'é il iishjáni ádaalye' koji béesh lichíí'ii biyi'doo bee azee' aah ál'í/béesh lichíí'ii biyi'doo ats'íis bee aa' áhayá bil haz'á bidadeet'í'ígíí.

Video and Data Communication

Na'alkid Dóó Naaltsos Bee Alch'í' Ya'áti'. Dii baa ya'áti'ígíí éí binahjí' éé hózindoo diné bil na'anish biniiyé dóó naaltsos bee alch'í' ya'áti' bá. Béesh lichíí'ii bee na'anishígíí éí kódoó binahjí' hane'ígíí t'áá ákqó béesh lichíí'ii bil oonish bil haz'ánigíí óolyé, béesh lichíí'ii t'áá bí nitsékeesígíí dóó béesh bee hane'í bita' ninit'í'ígíí, béesh lichíí'ii doo bida'diit'í'góó biyi'jí' dahane'ígíí, dóó naaná la'. Binahjí' al'áá át'éego dahane'ígíí éí kódaat'é (e.g., internet, satellite, wireless) dóó bee yá'á'daat'éhígíí áádóó doo béé yá'adaat'éhígíí éí kwe'é il iishjáni ádaalye' koji béesh lichíí'ii biyi'doo bee azee' aah ál'í/béesh lichíí'ii biyi'doo ats'íis bee aa' áhayá bil haz'á bidadeet'í'ígíí.

Business

Na'anish. Dii baa ya'áti'ígíí béeso bee áká'a'áyeedigíí nél'í' koji béesh lichíí'ii biyi'doo bee azee' aah ál'í/ béesh lichíí'ii biyi'doo ats'íis bee aa' áhayá bil haz'á bida'iniishjí' bá, na'anish bik'ehgo áda'al'ínigíí hadadiilyaa dóó ATP chodayool'í, dóó náásgóó

TRC Tribal Activities

- May 22, 2018 – Telehealth 101 for Tribal Organizations Webinar (HRSA OAT, TRC, and HRSA Region 9)
- June 2018 – TRC Summary Report for Telehealth Activities with Tribal Native American Organizations



1331 Garden Highway
Sacramento, CA 95833
www.telehealthresourcecenter.org

Summary Report

This report provides a brief analysis and evaluation of the current involvement, training, and provided resources Telehealth Resource Centers (TRCs) have between tribal Native American organizations. It shows that several TRCs are heavily involved in telehealth program development programs in conjunction with tribal-related organizations. There is a noteworthy amount of training/resources provided which include technical assistance, program development, site assessments, and speaking engagements among other support.

Tribal Telehealth Success Stories

Care Beyond Walls & Wires: Northern Arizona Healthcare

YouTube: <https://youtu.be/qHXGRDtdjuc>

Flagstaff Medical Center, with Northern Arizona Healthcare, developed a unique "Care Beyond Walls & Wires" program. This is a cost-effective program that is restoring patient independence while reducing readmissions



Flagstaff Medical Center
Northern Arizona Healthcare



TELEHEALTH SERVICES

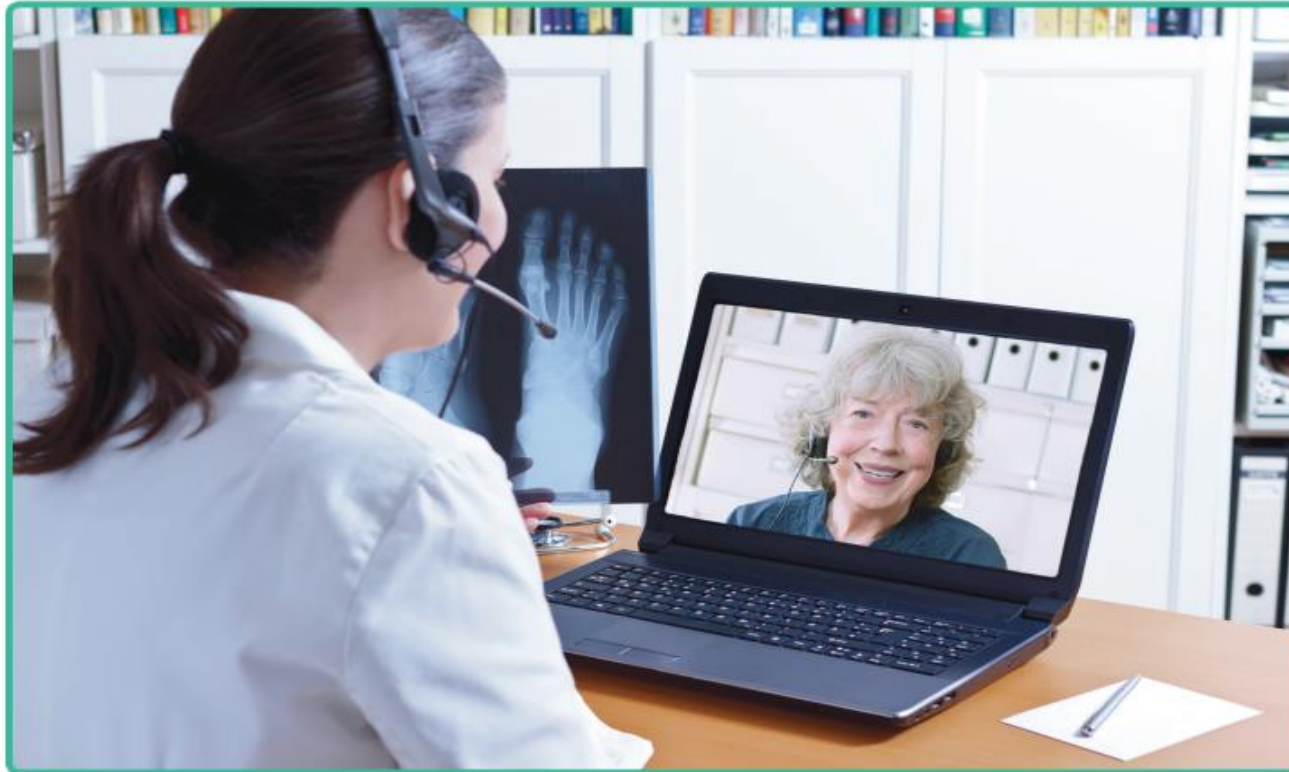


Target Audience: Medicare Fee-For-Service Providers

The Hyperlink Table, at the end of this document, provides the complete URL for each hyperlink.

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Universal Service Programs

2018 Universal Service Fund Authorized Support*

Unaudited | In Thousands

PROGRAM	
High Cost	\$4,684,526
Lifeline	\$1,142,777
Rural Health Care	\$ 298,620
Schools and Libraries (E-rate)	\$2,204,556
Total	\$8,330,479

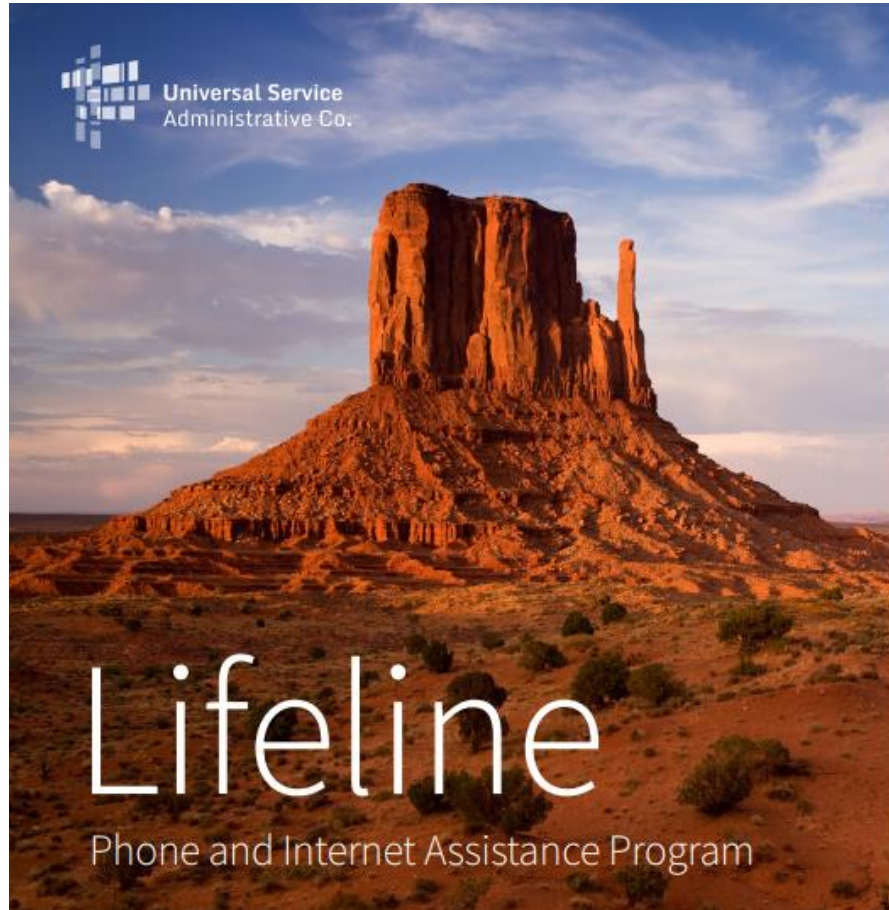
*Authorized Support includes all funding approved for distribution for the months of January–December, including funding approved but not yet disbursed (due to the Red Light Rule). It does not include recoveries from audits, appeals and other enforcement errors.

Note: Numbers may not add due to rounding.

Universal Service Programs are NOT part of HRSA, but are summarized here as an important source of funding for broadband to enable telehealth on Tribal Lands. More information on these programs can be obtained from the Universal Service Administrative Company (USAC.ORG) which administers the programs, or the FCC which oversees the programs.



What is it?



Since 1985, the Lifeline Program has worked to ensure that all Americans have the opportunity and security that phone service brings, like being able to connect to jobs, family, and access health care and emergency services.

It is available to eligible low-income consumers on tribal lands and in every state, territory, and commonwealth.

Over 9 million U.S. households subscribed to the Lifeline Program in 2018.



Contact

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visit

www.HRSA.gov



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Indian Health Service: Telehealth / Telemedicine Overview

SEPTEMBER 24, 2019

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Disclaimer



This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Important Note: This presentation was developed in collaboration with Indian Health Service (IHS) subject matter expert staff.

Slides are courtesy of IHS from various IHS websites, webinars and presentations about the Telemedicine, Telehealth and Population Health

Objectives



1. Provide an Overview of Indian Health Service (IHS)
2. Discuss IHS Current and Emerging Health Information Technology (IT) Plan to Support Population Health
3. Identify Telehealth/Telemedicine Programs for Americans Indians and Alaska Natives (AI/AN).
4. Identify the Use of Telehealth/Telemedicine to Support Population Health.

IHS's MISSION

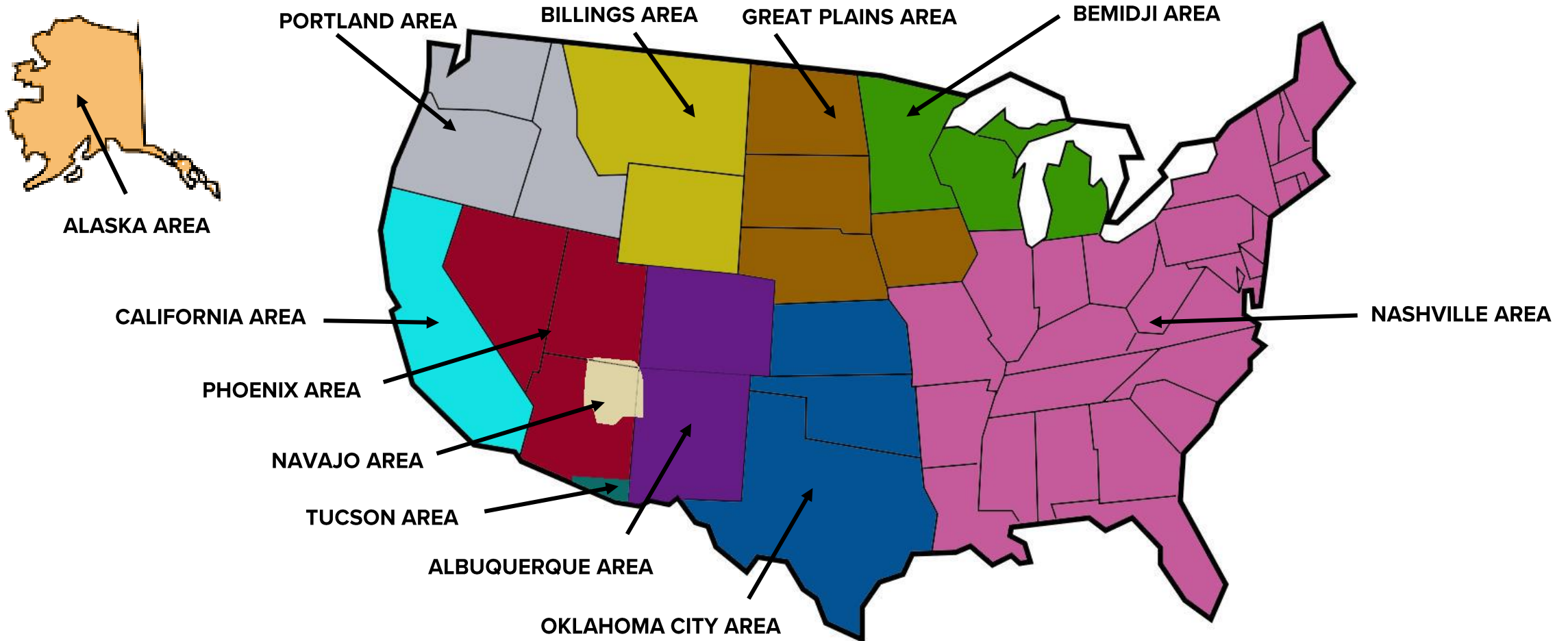


About IHS

...to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

Source: <https://www.ihs.gov/aboutihs/>

IHS's 12 Physical Areas of the United States



IHS Strategic Plan

Fiscal Year 2019-2023



The Strategic Plan details how the IHS will achieve its mission through three strategic goals:

Goal 1: To ensure that comprehensive, culturally appropriate personal and public health services are available and accessible to American Indian and Alaska Native people;

Goal 2: To promote excellence and quality through innovation of the Indian health system into an optimally performing organization; and

Goal 3: To strengthen IHS program management and operations

Strategic Plan and Telemedicine



Objective 1.3: Increase access to quality health care services.

Leverage technologies such as telemedicine and asynchronous electronic consultation systems to include a more diverse array of specialties and to expand, standardize, and increase access to health care through telemedicine.

Objective 3.3: Modernize information technology and information systems to support data driven decisions.

Health Information Technology (HIT): Enhance and expand technology such as the IHS telecommunications to provide access for consultative care, stabilization of care, decreased transportation, and timeliness of care at any IHS-funded health program.

Source: https://www.ihs.gov/sites/strategicplan/themes/responsive2017/display_objects/documents/IHS_Strategic_Plan_FY%202019-2023.pdf



AI/AN Leading Health Concerns

Leading causes of death:

- Heart disease
- Cancer (malignant neoplasm)
- Unintentional injuries (accidents)
- Diabetes

High prevalence and risk factors for:

- Mental health and suicide
- Obesity
- Substance abuse
- Sudden infant death syndrome (SIDS)
- Teenage pregnancy
- Liver disease
- Hepatitis

Health Disparities: AI/AN



MORTALITY DISPARITY RATES

American Indians and Alaska Natives (AI/AN) in the IHS Service Area
2009-2011 and U.S. All Races 2010
(Age-adjusted mortality rates per 100,000 population)

	AI/AN Rate 2009-2011	U.S. All Races Rate - 2010	Ratio: AI/AN to U.S. All Races
ALL CAUSES*	999.1	747.0	1.3
Diseases of the heart (heart disease)	194.1	179.1	1.1
Malignant neoplasm (cancer)	178.4	172.8	1.0
Accidents (unintentional injuries)*	93.7	38.0	2.5
Diabetes mellitus (diabetes)	66.0	20.8	3.2
Alcohol-induced	50.5	7.6	6.6
Chronic lower respiratory diseases	46.6	42.2	1.1
Cerebrovascular disease (stroke)	43.6	39.1	1.1
Chronic liver disease and cirrhosis	42.9	9.4	4.6
Influenza and pneumonia	26.6	15.1	1.8
Drug-induced	23.4	12.9	1.8
Nephritis, nephrotic syndrome (kidney disease)	22.4	15.3	1.5
Intentional self-harm (suicide)	20.4	12.1	1.7
Alzheimer's disease	18.3	25.1	0.7
Septicemia	17.3	10.6	1.6
Assault (homicide)	11.4	5.4	2.1
Essential hypertension diseases	9.0	8.0	1.1

* Unintentional injuries include motor vehicle crashes.

NOTE: Rates are adjusted to compensate for misreporting of American Indian and Alaska Native race on state death certificates. American Indian and Alaska Native age-adjusted death rate columns present data for the 3-year period specified. U.S. All Races columns present data for a one-year period. Rates are based on American Indian and Alaska Native alone, 2010 census with bridged-race categories.

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Source: <https://www.ihs.gov/newsroom/factsheets/disparities/>.

Why Are Health Communication and Health Information Technology Important



- Improve health care quality and safety
- Increase the efficiency of health care and public health service delivery
- Improve the public health information infrastructure
- Support care in the community and at home
- Facilitate clinical and consumer decision-making
- Build health skills and knowledge

Source: <https://www.healthypeople.gov/2020/topics-objectives/topic/health-communication-and-health-information-technology>

Telemedicine/ Telehealth



Telehealth Services currently available within Indian Health Service (IHS) (not all inclusive)

Telemedicine/ Telehealth Services IHS Provided			
Behavioral Health	Endocrinology	Neurology	Radiology
Cardiology	Infectious Disease	Nutrition	Rheumatology
Dermatology	Internal Medicine	Ophthalmology	Woundcare
Medical Emergency Department (including Pediatric)	Nephrology	Psychiatry (adult and pediatric)	

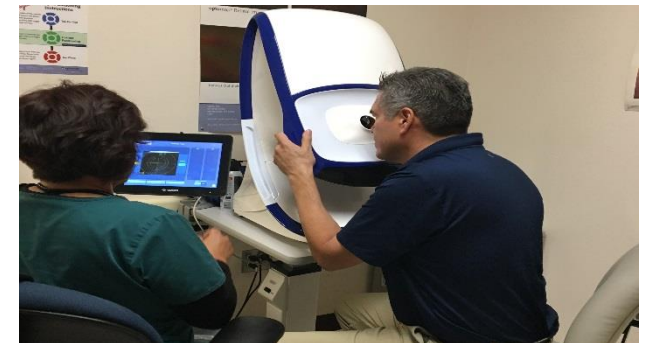
Note: IHS awarded Telehealth Contract for Great Plains Area (2016)

Alaska Area utilizes many telehealth services to support rural areas



IHS Teleophthalmology Program

- ❑ Dr. Dawn Clary(Director IHS-Teleophthalmology Program)
- ❑ Provides remote diagnosis and management of diabetic retinopathy
- ❑ Preventing Diabetes-Related Blindness in American Indians and Alaska Natives
- ❑ Store and forward, not real
 - 2018 Highlights-IHS JVN Eye Exams= **29,065**
 - 2017 Highlights-IHS JVN Eye Exams = 27,389
 - 2016 Highlights-IHS JVN Eye exams = 22,914
 - 2015 Highlights-IHS JVN Eye exams = 19,184
- ❑ Resource Information
<https://www.ihs.gov/teleophthalmology/>

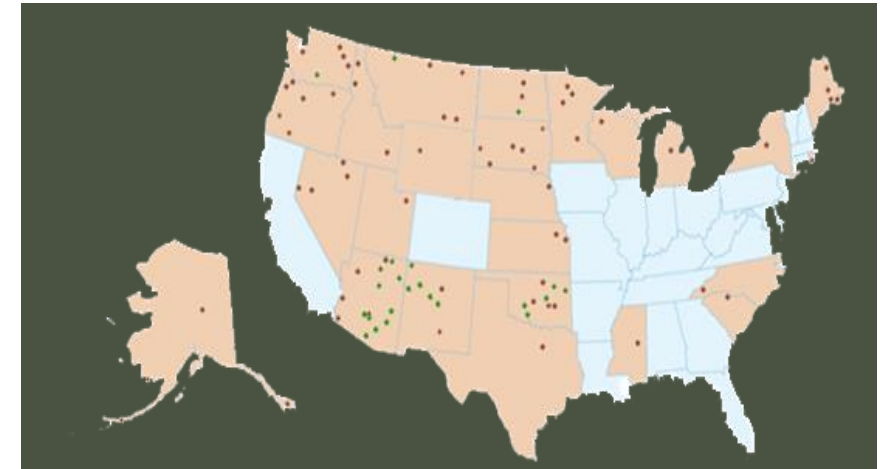


Diabetic Retinopathy Surveillance

IHS-JVN Teleophthalmology Program

88 Fixed/Hybrid sites + 13 Portable Sites in 25 States

- Phoenix, AZ
- Sacaton, AZ
- Polacca, AZ
- Pinon, AZ
- San Carlos, AZ
- Salt River, AZ
- Ft. Yuma, AZ
- Whiteriver, AZ
- Sells-, AZ
- Tuba City, AZ
- Tucson, AZ
- Parker, AZ
- Peach Springs, AZ
- San Xavier, AZ
- Kayenta, AZ
- Chinle, AZ
- Flagstaff, AZ
- Inscription House, AZ
- Navajo Mountain, AZ
- Elko, NV
 - Goshute, NV
 - Ely, NV
 - Duckwater, NV
- Owyhee, NV
- Reno Sparks, NV
- Fallon, NV
- Claremore, OK
- Wewoka, OK
- Eufaula, OK
- Okmulgee, OK
- Oklahoma City, OK
- Tahlequah, OK
- Lawton, OK
- Carnegie, OK
- Miami, OK
- Anadarko, OK
- Portland, OR
- Warm Springs, OR
- Salem, OR
- Cow Creek, OR
- Klamath, OR
- Pendelton, OR
- Nespelam, WA
- Yakama, WA
- Wellpinit, WA
- Tacoma, WA
- Fort Hall, ID
- Lapwai, ID
- Plummer, ID
- Pine Ridge, SD
- Rosebud, SD
- Rapid City, SD
- Sisseton, SD
- Wagner, SD
- Eagle Butte, SD
- Spirit Lake, ND
- Ft. Yates, ND
- Belcourt, ND
- Ft. Peck, MT
- Ft Belknap, MT
- Crow Agency, MT
- Lame Deer, MT
- Browning, MT
- Ft Washakie, WY
- Red Lake, MN
- Cass Lake, MN
- White Earth, MN
- Lawrence, KS
- Mayetta, KS
- Redbird, OK
- Sam Hider Jay, OK
- Shiprock, NM
- Santa Fe, NM
- Albuquerque, NM
- Mescalero, NM
- Crown Point, NM
- Jicarilla, NM
- San Fidel, NM
- Dallas, TX
- Winnebago, NE
- Hayward, WI
- Mt Pleasant, MI
- Oneida, NY
- Charlestown, RI
- Fairbanks, AK
- Bristol Bay, AK
- Ketchikan, AK
 - Metlakatla, AK
- Rock Hill, SC
- Cherokee, NC
- U&O, UT
- Presque Isle, ME
- Indian Island, ME
- Philadelphia, MS

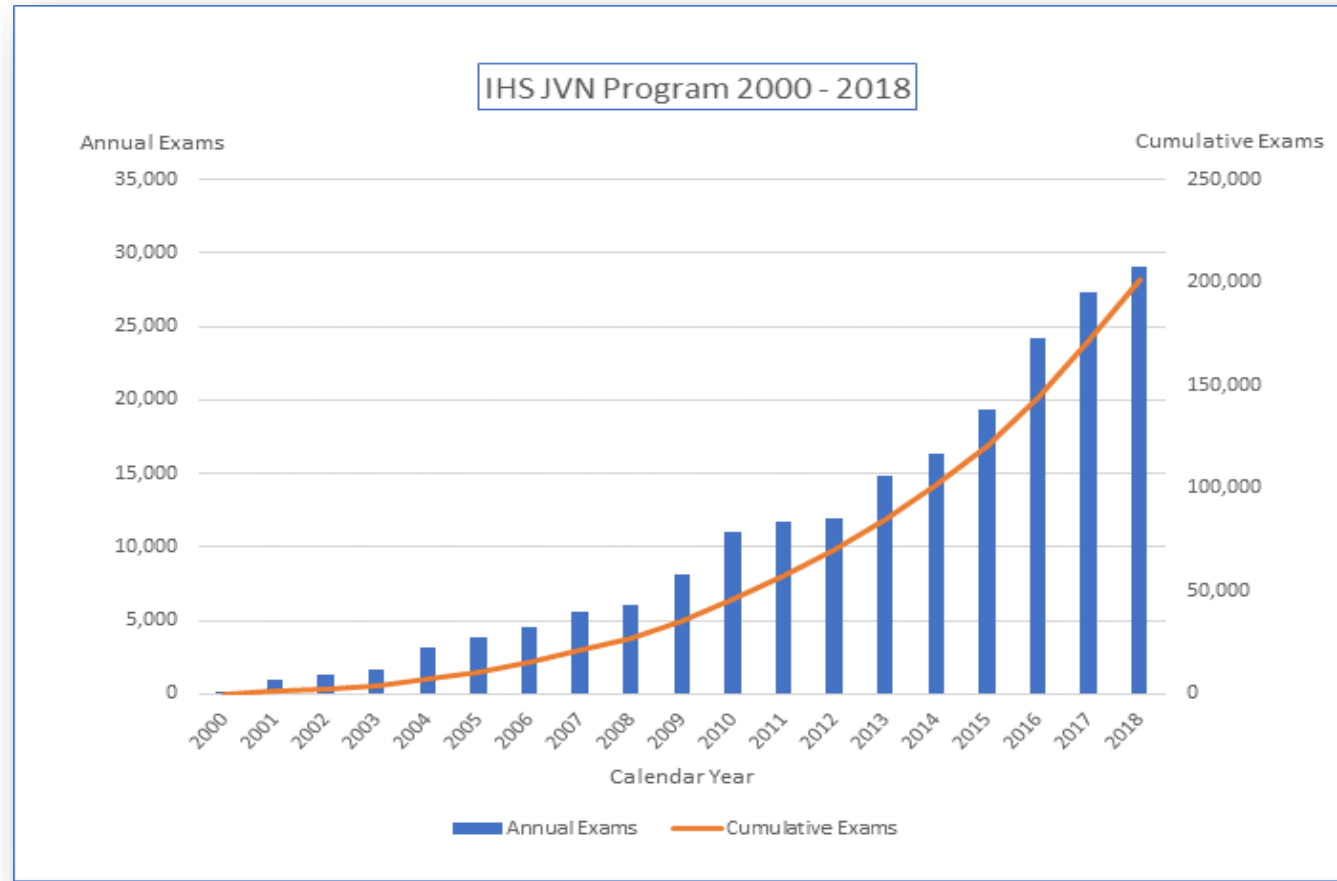


Portable Deployments

- Alaska- EAT, APIA
- North Carolina
 - Nevada- Schurz, Loveloc and Yerington
 - Lummi Tribal Health
- Maine- Littleton,
 - Princeton,
 - Pleasant Point

Clinical Outcome

IHS DR Exam Rate



Source: Dr. Dawn Clary, September 2019

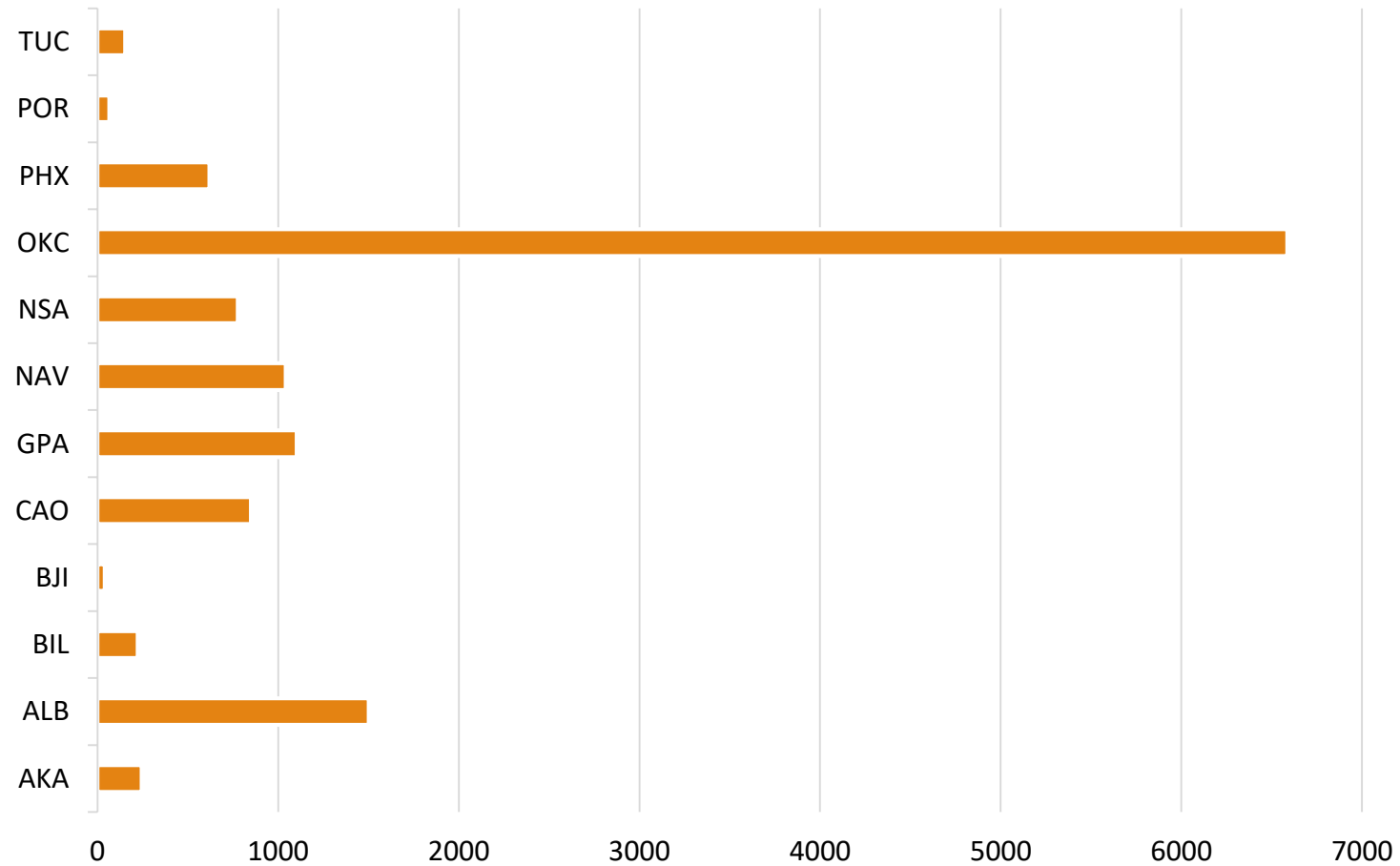
FY 2018 Telebehavioral Health (TBH)



- 155 sites reported at least one session
- 13,204 encounters were scheduled

These do not include Tribal or Urban sites that do not export data to the IHS National Data Warehouse (NDW)

FY 2018 TBH sessions by Area



IHS TeleBehavioral Health Center of Excellence (TBHCE)



Dr. Chris Fore (Director of TBHCE)

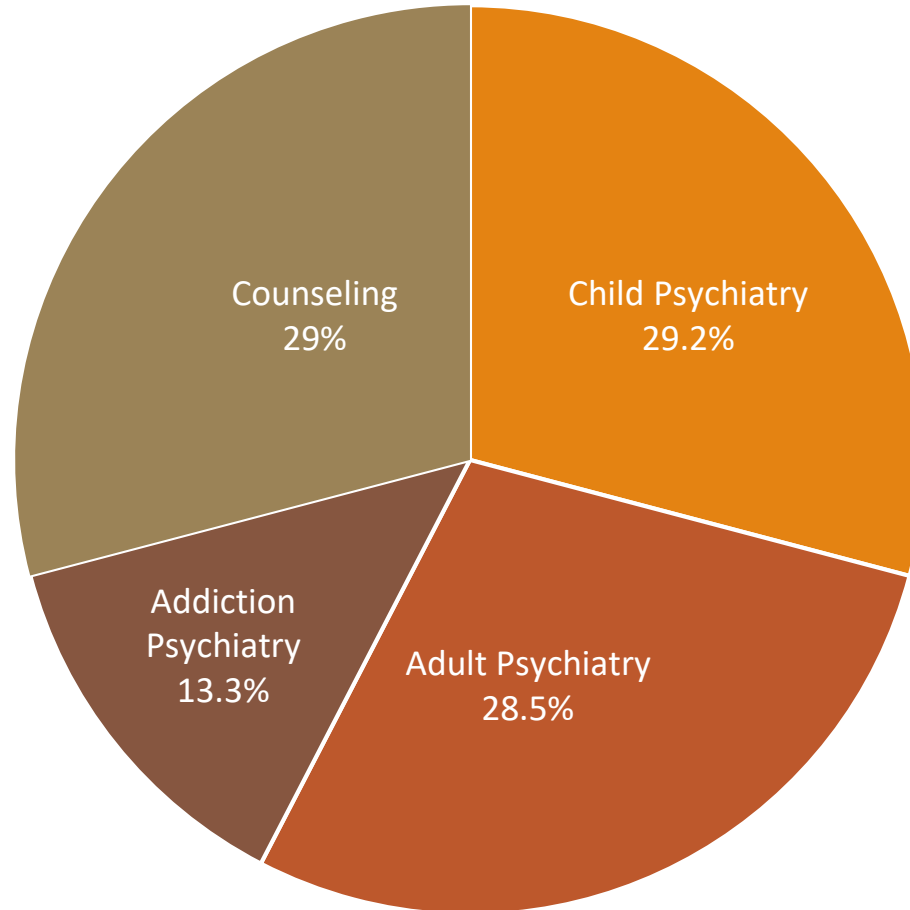
- ❑ Provides ongoing outpatient psychiatry and counseling services
- ❑ Occurs in real time
- ❑ 2018 Highlights
 - 3,794 patient visits
 - 3,474 hours of service



Resource Information

- TeleBehavioral Health Center of Excellence Toolkit
- TeleBehavioral Health Implementation Checklist from the TBHCE
- Website: <https://www.ihs.gov/telebehavioral/>

IHS TeleBehavioral Health FY 2018 Clinical Hours



Source: Dr. Chris Fore, September 2019



Telemedicine Benefits

- ❑ Improved access
 - ✓ Rural Communities
 - ✓ Remote Monitoring
- ❑ Cost efficiencies and improved clinical value (quality/cost)
- ❑ Improved quality of care and clinical outcomes
- ❑ For patients:
 - ✓ Reduced travel times
 - ✓ Increased access to primary and specialty care
 - ✓ Improved patient satisfaction
 - ✓ Avoided travel costs

Sustainability of Telemedicine



Shared VISION:

- ❑ IT, Clinical, Administrative & Patients
- ❑ Shared Vision, Shared Passion, Shared Commitment

Critical Leadership involvement:

- ❑ Administrative: funding for staff, maintenance and growth of system, support credentialing & service agreements
- ❑ Technical Leadership: support infrastructure to keep current, secure & address incidents quickly
- ❑ Clinical Leadership: support processes that ensure appropriate patient utilization and continued growth of the services

Training:

- ❑ Clinical, Office, Billing, Technical & Patients
- ❑ New staff , new services, new workflow & new technology

Source: M. Ford & S. Postal (August 2016) ISAC Telehealth Presentation

Telemedicine Challenges



Connectivity

- Limitations in remote areas(one size does not fit all)

Expenses

- Initial startup costs can be high especially for the small rural site
- Upgrade & Maintenance for hardware, software & infrastructure

Telemedicine Agreements

- Service Level Expectations
- Credentialing by the Medical Staff Office
- Legal Review and Involvement

Time for Deployment:

- Initial equipment & infrastructure can be costly and time consuming
- Identify Unique Challenges for each Site
- Remember the focus on Workflow, Training and Support



Source: M. Ford & S. Postal (August 2016) ISAC Telehealth Presentation

Resources



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Questions



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